

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214508201				
1.) CORPORATION NAME: BL Companies, Inc. <div style="float: right;">DUE DATE: 3/31/2014</div>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA <div style="float: right;">SCC ID NO: F1331695</div>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED					
COMMON	100,000					
4.) STATE OR COUNTRY OF INCORPORATION: CT						
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 355 RESEARCH PARKWAY ATTN: LEGAL DEPARTMENT CITY/ST/ZIP: MERIDEN, CT 06450 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: CAROLYN STANWORTH TITLE: PRESIDENT ADDRESS: 355 RESEARCH PKWY CITY/ST/ZIP/CO: MERIDEN, CT 06450	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: GUY F LABELLA TITLE: VICE PRESIDENT ADDRESS: 355 RESEARCH PKWY CITY/ST/ZIP/CO: MERIDEN, CT 06450	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: STANLEY C NOVAK JR TITLE: SECRETARY ADDRESS: 355 RESEARCH PKWY CITY/ST/ZIP/CO: MERIDEN, CT 06450	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: JULIA P. O'BRIEN, ESQ. TITLE: ASST SECRETARY ADDRESS: BL COMPANIES 355 RESEARCH CITY/ST/ZIP/CO: MERIDEN, CT 06450	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: WAITE DALRYMPLE TITLE: CHAIRMAN ADDRESS: 6310 WILDFLOWER SE CITY/ST/ZIP/CO: OLYMPIA, WA 98501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: STEVEN FISCHER TITLE: DIRECTOR ADDRESS: 117 MUIRFIELD DRIVE CITY/ST/ZIP/CO: BLUE BELL, PA 19127	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK KOELLNER DIRECTOR BL COMPANIES 4242 CARLISLE PIKE; #260 CAMP HILL, PA 17011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER MARKS DIRECTOR BL COMPANIES 355 RESEARCH PARKWAY MERIDEN, CT 06450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN D. WINCHESTER DIRECTOR 400 CONTINENTAL BOULEVARD 6TH FLOOR EL SEGUNDO, CA 90245	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Derek A. Kohl DIRECTOR 355 Research Parkway Meriden, CT 06450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Lozanoff DIRECTOR 4242 Carlisle Pike Suite 260 Camp Hill, PA 17011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CAROLYN STANWORTH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROLYN STANWORTH, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/12/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			